

LIVED EXPERIENCES OF BATTERED WOMEN IN ODISHA: A PILOT STUDY

ADYASHA MAHANTI¹ DR. SAYANTANI BEHURA²

¹ PhD Research Scholar, Dept of Gender Studies, Rama Devi Women's University, Bhubaneswar, Odisha, India

² Assistant Professor, Dept of Gender Studies, Rama Devi Women's University, Bhubaneswar, Odisha, India

ABSTRACT

The American Psychological Association has defined Battered Woman's Syndrome or battered wife syndrome, as a subcategory of Post-Traumatic Stress Disorder (PTSD). This syndrome also includes learned helplessness in relation to the abusive partner along with posttraumatic stress. A very limited number of studies address the daily challenges faced by the Battered Women in Odisha. The main aim of this research is to gather extensive knowledge and also understand the mental framework of women facing domestic violence. The current study aims to assess the lived experiences of Battered Women of Odisha through a pilot study. The study identified six battered women who were interviewed using a pre-generated interview questionnaire using purposive sampling technique. The main aim is to conceptualize the recorded experiences, essentially the feminist standpoint epistemology (that focuses on establishing awareness and enabling through women's lived experience). Five central themes were identified, namely recurrence of physical abuse, emotional and psychological trauma, learned helplessness, endurance to pain, and disempowerment of women.

To analyze the battered women's verbal description and narration, thematic content analysis method has been taken into consideration. The outcome of this study offer precious insight and perception about the lived experiences of battered women and the need to design strategies and policies for further course of action to uplift, upgrade and empower them. How the participants express their experiences is meant to provide implications for a better understanding of domestic violence in Odisha and help develop a culturally sensitive feminist psychological intervention model to offer better mental health facilities.

KEYWORDS: Domestic Violence, Battered Women Syndrome, Learned Helplessness & Qualitative Study

Received: Jun 18, 2021; **Accepted:** Jul 08, 2021; **Published:** Sep 17, 2021; **Paper Id.:** IJEEFUSDEC202112

1. INTRODUCTION

A minimal number of Indian studies label the everyday challenges faced by battered women. In Odisha, little research has sought to analyze the content of narratives in order to delve the meaning that Odisha women place on their occurrence of domestic violence.

Fischbach & Herbert, 1997 stated that wife beating refers to acts of violence that are emotional, intimate or physical by the spouse with the intent of instilling control of one's wife by inducing fear and pain. Martin (1981) stated that the reason behind the battered women silence is the fact that there are held responsible for their situation. Battering may include threatening and harming physically such as severe and frequent beatings like punching, slapping, kicking, choking and hurting with the use of weapons (Barkley and Burnett, 2017). Quality of life is found to be significantly low among abused women around the world. (Dichter et al., 2014, Laffaye et al., 2003).

There are three important psychological signs and symptoms that are required to make the diagnosis of PTSD using the DSM-IV-TR.

- The person must witness a traumatic event that includes fear of personal bodily safety or death.
- The after-effects of that traumatic experience must spread for more than four weeks. If it is less than four weeks, then it can be diagnosed as an Acute Stress Reaction.
- The after-effects must have some impact on important part of the person's life such as work performance, education or socio-cultural relationships. The majority of battered women who believe that the batterers will harm or kill them, usually meet these criteria.

The main focus of this qualitative study is to explore the subjective experiences of the battered women and also to find out the current stressors and precipitating factors along with the coping mechanisms they use to live with it. The local descriptions and narratives are required to provide an in-depth detailed understanding of it in a social-cultural perspective. Chatterjee et al., 2008 have highlighted how knowledge of local standpoint has helps strengthen community-based care and upgrade outcomes for individuals experiencing psycho-emotional distress. The literature portrays some insight about the influence of Indian socio-cultural and religious beliefs on the local responses to domestic violence. Before moving towards the theoretical conceptualization, it is important to find more information on victims' indigenous perspectives. The phenomenological approach has been employed in order to newly access and precisely describe the battered women's first-hand experiences with susceptibility to local context and meaning.

Theoretical Framework

The current study is anchored on the following theories concerning intimate partner violence (IPV) and domestic violence namely the attribution theory and feminist theory.

Attribution theory gives emphasis on a person's means of rationalizing experiences and the way a concept is discerned by one's point of view of a happening (Fiske & Taylor, 2013). Battered women, for instance, are stigmatized or blamed for allegedly causing the battery and for not ending the predicament promptly. They are held responsible for the occurrence of abusive situations (Vidal-Fernández & Megías, 2014). This shows women as victims are perceived to have personality issues which instigate husbands to hurt them. Hence, battered women develop inferior and unhealthy perceptions of themselves as what others think bothers them.

The feminist theory emphasizes the power of inequality among the opposite sexes. In a patriarchal society, men are regarded as heads of families, economic providers, and decision makers and these social norms are used to justify males' resort of assault to ascertain deference by females (Wallach, Weingram, & Avitan, 2010). According to feminist theorists, IPV is prone to develop in male individuals who live in an environment which accepts violence in a close relationship and shows hostile attitude toward women as a way of projecting a "macho" image (Basile, Hall, & Walters, 2013). Further, men who witnessed interparental violence during childhood have a higher risk for physical and sexual IPV perpetration (Capaldi, Knoble, Shortt, & Kim 2012; Dardis, Dixon, Edwards, & Turchik, 2014; Lee, Walters, Hall, & Basile, 2013; Temple, Shorey, Tortolero, Wolfe, & Stuart, 2013). In the present study, to conceptualize the recorded experiences, primarily the feminist standpoint epistemology (that focuses on building knowledge and empowerment through women's lived experience) has been taken into consideration. This is also because the basic purpose of epistemology is to empathetically understand and gain new knowledge from women's direct experience.

The fundamental goal of feminist perspective is to understand women's oppression in terms of race, gender, class and sexual preference and how to change it. Feminist effort is to end patriarchal domination and insists on the eradication of exploitation and oppression of women in the family context and other intimate relationships.

The theories aforementioned provide in-depth insights as to the factors and conditions that justify the occurrence of women battering in society. The theories offer a background understanding of a social phenomenon with women portrayed as the typical victims.

2. REVIEW OF RELATED LITERATURE

Recurrence of Physical Abuse

The biggest problem among physically traumatized women is the lack of empowerment. There is a visible inability to handle the situation. Battered women believe that they have no control over their situation and consequently become submissive toward their abusers - the husbands (Cortes, 2013; Walker, 1979).

CDC reported that approximately 1 in 10 men and 1 in 4 women have experienced intimate partner violence (IPV) in the form of sexual, physical, psychological violence by an intimate partner during their lifetime. Research also indicates that more than 43 million women experienced psycho-emotional aggression by their intimate partners.

Emotional and Psychological Trauma

World Health Organization, 2013 stated that victims of domestic violence are more likely to suffer from depression, anxiety, PTSD, eating disorders and psychosomatic symptoms. It is observed that the psychological effects of domestic violence are way more devitalizing than the physical effects. Physical abuse is accompanied by constant fear, stress, anxiety, tiredness, post-traumatic stress disorders. The battered woman is always at a higher risk for developing some form of serious mental disorder in her life. Kumar et al. (2005) highlighted how 40% of Indian women have been experiencing some sort of spousal violence during their marital life and how that contributes to their poor mental health. It is very unfortunate that the weight of violence is so heavy that they try to commit suicide. Global researches have shown that domestic violence is closely linked with depression and followed by suicide.

Learned Helplessness

Eminent researcher Walker in 1979 associated the term "Battered Woman Syndrome" to express women's responses to domestic abuse which is accompanied by the psychological state of "learned helplessness". In such condition, the battered women begin to realize that their attempts and efforts to run away or put an end to the abuse are fruitless so they stop trying and in due course become passive. Such women are of the strong notion that they lack control over the situation and the current plight is due to their submissive nature towards the violence. There is constant self blame-game which eventually leads to low self-esteem, post-traumatic stress disorder and depression. Research conducted by Tseris, 2013 based on trauma theory encompassed that the intrinsic defenselessness among battered women prevents them to use situation based coping resources to encounter threat provoking situations rather than the traumatic experience of domestic abuse itself. Moreover, the trauma theorists like Richmond, Geiger, & Reed in 2013 also suggested that the focus of eliminating the psychological effects of trauma should be based on socio-cultural and structural issues that hamper the development and evolution of domestic abuse survivors' social identity.

Endurance to Pain

Wife battering is universal and one of the most common types of violence behind closed doors, but such state of affairs is seldom made into public. Battering may include harming physically in the form of hitting, slapping, knocking, suffocating, biting, kicking, banging, hair-pulling, burning, twisting etc with or without the use of weapons. It is also related to verbal and psychological abuse as direct or indirect forms of violence which the woman endures without her choice and by default.

Disempowerment of Women

Studies revealed how historical and cultural predominance leads to prejudiced and discriminating attitudes against women.

Women who do not leave abusive relationships are heavily stigmatized (Brabeck & Guzman, 2008; Cavanagh, 2003; Dunn, 2005; Peled et al., 2000). Such misinformed perceptions disregard risk and additional barriers of leaving a relationship, unfairly blame the domestic abuse survivor rather than the perpetrator, and disregard the protective strategies that women use to protect themselves and their children (Cavanagh, 2003; Lein-Bragg, 2003).

3. METHOD

A pilot study has been conducted. The present qualitative study aims to assess the lived experiences of 6 Battered Women of Odisha. The participants of the present study were selected using purposive sampling, from Shradha the Gruha, Bansundhara and Orissa Women's Voluntary Service, Cuttack. In the current study, a pre-generated interview questionnaire was administered for data collection. These questions were divided into five central themes, namely recurrence of physical abuse, emotional and psychological trauma, learned helplessness, endurance to pain, and disempowerment of women.

In the interview, the women were asked questions aimed at their particular experience, and these questions revealed important insights into what it was like being abused and being a battered woman, how they cope up and beyond.

If it was not for the interviews, then it was likely that the majority of these battered women may not have had a chance to open up, speak about their struggles, traumas and stories to anyone other than their closest confidants - as a rule, or probably live with it as a product of learned helplessness and Stockholm syndrome.

Conducting an in-depth interview based on narratives gave me an insight into relevant aspects that the battered woman undergoes, every case being unique and not to be generalized.

My foremost priority being in-depth interviews focusing on the quality, rather than focusing on numbers. I limited my number of interviews to 3 sessions, the lengths of which ranged from one to two hours. The current study strictly follows the Ethical Code of Conduct by the National Academy of Psychology, 2010.

4. FINDINGS

The resulting data identified five central thematic categories and were identified as, recurrence of physical abuse, emotional and psychological trauma, learned helplessness, endurance to pain, and disempowerment of women. However, it was important to understand how one thematic category affects another. The themes were based on the interview transcripts and the literature and studies reviewed for the present study.

The first thematic category, recurrence of physical abuse was used to describe details about hitting, thrashing etc

that the battered women encountered and if that acted as a hindrance to seeking support and help. Participant 1 stated that I have been physically abused by my husband for 10 years now and am used to it by now" Similarly, participant 3 contended, "It doesn't matter much as long as he doesn't not hit me every day. The statements of 1 3 and 6 highlights how passive submission to their plight of being physically assaulted by their husbands. Participant 6 cited that I have to endure all his torture, as there is no place to escape and the constant fear of lack of financial stability bothers me. I am also worried about our child's future. It is very difficult for these women to resist physical abuse as these are the same men for who the wives outpour their love and fidelity. Apparently hope keeps them going that someday things will get better. These statements clearly indicate that the women view the acts of battering as normal happenings between couples and also hold themselves accountable at times.

The second thematic category is psychological and emotional trauma which highlights the shattered mental health of a battered woman. All of them at some point stated that "I do not know which is more painful the bruise or the emotional void. Husbands do not even care most of the time when she is stressed, depressed or anxious. Participants 1 and 3 stated similar situation when there are days or even months they have cried helplessly, felt lonely, hopeless, lacked self-care and so on, but the saddest part is that the emotional turmoil is not even visible to the male counter-part so they gather enough strength to join the broken pieces and move on most of them for the sake of their children.

The third thematic category is learned helplessness with reflects subordinate existence. Women hesitated to take help as it would risk the family dynamics. They also have a preconceived notion that seeking help outside the home and leaving home may have socio-cultural repercussions for battered women. Most of the participants stated that even if my husband is abusive I cannot make myself to leave him. I don't even think of getting alimony. Since the very beginning of our relationship, I already know that he is ill-tempered and gets violent and abusive when angry. Hence, I avoid having confrontation with him, so that things do not escalate. While others said they have not informed their family members that her husband hits her, as she is afraid that they might take her away from him and that financial repercussion is way more difficult than physical abuse.

The fourth thematic category, endurance to pain describe how women tolerated all forms of abuse and violence. The present study shows all 6 participants went through similar misery at some point in time. "Sometimes he would kick me or bang my head against the wall". While another participant said "When he is aggressive, he hits me in any part of my body. Another one stated If I back answered at him, he would chick my neck and prevent me from doing so. Yet another highlighted how her drunkard husband slaps her if the food is not tasty". Two of the participants who were working as a domestic helper and school teacher said similar things relating to their husband's insecurity as where does the money come from, also abuse further if they come home late from work, with allegations of extra-marital affair. In order to maintain peace at home and control the situation, the threshold capacity of pain has increased for these battered women.

The fifth theme is disempowerment of women. This highlights how women experience battering of multiple forms and how they have conditioned their minds and bodies to unhealthy, uncomfortable and dysfunctional situations. Participant 2 stated "I cry my heart out when my husband is violent, I feel petrified when he is angry and pray for him to calm down. Participant 4 stated that when I feel outraged by his severe beating, I feel like running away and escape the situation but the after effect of getting back is way more violent as my husband does not like me going out. Participant 5 stated that I feel like running away with my son and start working somewhere but I have always been told I am good for nothing so prefer staying back. Participant 6 stated that "After an episode of violence my husband cooks me a meal and

asks for forgiveness, I tend to melt immediately and thus forgive him but this also encourages the battering.

5. CONCLUSIONS

“As I close my eyes, tears flow down. I don’t know why I cry? Is it the abuser, the pain, the after-effect or everything? I often ask myself do I deserve this? Does my silence encourage him? Will I never see my silver lining? The day my better-half departs his old self that day will be the beginning to live a life full of self-worth, dignity and mental peace”.

A couple enters holy matrimony on the basis of love and reciprocity. With time, the relationship changes and then comes the domestic concerns. Husbands tend to show their aggressive side against their wives through multiple ways of violence and abuse (physical, psychological and verbal). Women, on the other hand, tend to remain quiet so that the matter is suppressed and in a way deep down they hope that is it first and last time.

The findings in the present study highlighted the unique experiences and issues that battered women faces. Minuscule amount of literature contributes to this field of study in India, specifically in Odisha. More research work needs to be done in the socio-cultural and religious context regarding the difficulties and challenges encountered by battered women. Continuous documentation of narratives and in-depth interviews should be practiced, which will help us gain a better understanding of their lived experiences. Our findings highlighted how violence and abuse have shaken the backbone of battered women for ages. The constant grief, hopelessness, helplessness has taken away the right to live with honor and dignity.

Most of the battered women showcase psychological issues like anxiety, depression, PTSD, low self-esteem and regular psycho-somatic complaints which are not even attended rationally and given proper assistance and help.

The majority of women lack the willpower to raise a voice against violence, this is where we need serious attention and rigorous effort by policy makers, social workers, psychologists, academicians, community members and family members most importantly to extend a helping hand to empower these battered women and raise their standard of living if not like a queen at least not like a slave but like a human!

REFERENCES

1. Basile, K. C., Hall, J. E., & Walters, M. L. (2013). *Expanding resource theory and feminist informed theory to explain intimate partner violence perpetration by court-ordered men. Violence Against Women, 19*(7), 848-880
2. Barkley Burnett, L. (2017). *Domestic violence. eMedicine, 1-47.*
3. Bargai, N., Ben-Shakhar, G., & Shaler, A. (2007). *Posttraumatic stress disorder and depression in battered women: The mediating role of learned helplessness. Journal of Family Violence, 22*, 267-275
4. Brabeck, K., & Guzman, M. (2008). *Frequency and perceived effectiveness of strategies to survive abuse employed by battered Mexican origin women. Violence Against Women, 14*, 1274-1294
5. Cavanagh, K. (2003). *Understanding women’s responses to domestic violence. Qualitative Social Work, 2*, 229-249
6. Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). *A systematic review of risk factors for intimate partner violence. Partner Abuse, 3*(2), 231-280.
7. Chatterjee, S., Chowdhary, N., Pednekar, S., Cohen, A., Andrew, G., Araya, R., & Patel, V. (2008). *Integrating evidence-based treatments for common mental disorders in routine primary care: Feasibility and acceptability of the MANAS intervention in Goa, India. World Psychiatry, 7*, 39–46.

8. Dardis, C. M., Dixon, K. J., Edwards, K. M., & Turchik, J. A. (2014). An examination of the factors related to dating violence perpetration among young men and women and associated theoretical explanations: A review of the literature. *Trauma, Violence, & Abuse*, 16(2), 136-152.
9. Dichter ME, Marcus SC, Wagner C, Bonomi AE. Associations between psychological, physical, and sexual intimate partner violence and health outcomes among women veteran VA patients. *Soc Work Ment Health*. 2014;12(5–6):411–28.
10. Dunn, J. (2005). "Victims" and "survivors" emerging vocabularies of motive for battered women who stay. *Sociological Inquiry*, 75, 1-30.
11. Fiske, S. T., & Taylor, S. E. (2013). *Social cognition: From brains to culture*. Thousand Oaks, CA: Sage.
12. Fischbach, R. L., & Herbert, B. (1997). Domestic violence and mental health: Correlates and conundrums within and across cultures. *Social Science & Medicine*, 45(8), 1161-1176.
13. Kumar, S., Jeyaseelan, L., Suresh, S., & Ahuja, R. C. (2005).
14. Domestic violence and its mental health correlates in Indian women. *The British Journal of Psychiatry*, 187, 62–67. <http://dx.doi.org/10.1192/bjp.187.1.62>
15. Laffaye C, Kennedy C, Murray BS. Post-traumatic stress disorder and health-related quality of life in female victims of intimate partner violence. *Violence Vict*. 2003;18(2):227–38
16. Lee, R. D., Walters, M. L., Hall, J. E., & Basile, K. C. (2013). Behavioral and attitudinal factors differentiating male intimate partner violence perpetrators with and without a history of childhood family violence. *Journal of Family Violence*, 28(1), 85-94.
17. Lein-Bragg, H. (2003). *Child protection in families experiencing domestic violence*. Washington, DC: Office on Child Abuse and Neglect, Children's Bureau, Caliber Associates.
18. Palker-Correll, A., & Marcus, D. (2004). Partner abuse, learned helplessness and trauma symptoms. *Journal of Social & Clinical Psychology*, 23, 445-462.
19. Peled, E., Eisikovits, Z., Enosh, G., & Winstok, Z. (2000). Choice and empowerment for battered women who stay: Toward a constructivist model. *Social Work*, 45, 9-25.
20. Richmond, K., Geiger, E., & Reed, C. (2013). The personal is political: A feminist and trauma-informed therapeutic approach to working with a survivor of sexual assault. *Clinical Case Studies*, 12, 443-456. doi:10.1177/1534650113500563
21. Temple, J. R., Shorey, R. C., Tortolero, S. R., Wolfe, D. A., & Stuart, G. L. (2013). Importance of gender and attitudes about violence in the relationship between exposure to interparental violence and the perpetration of teen dating violence. *Child Abuse & Neglect*, 37(5), 343-352. doi:10.1016/j.chiabu.2013.02.001
22. Tseris, E. J. (2013). Trauma theory without feminism? Evaluating contemporary understandings of traumatized women. *Affilia*, 28, 153-164. doi:10.1177/0886109913485707
23. Vidal-Fernández, A., & Megías, J. L. (2014). Attributions of blame to battered women when they are perceived as feminists or as "difficult to deal with." *The Spanish Journal of Psychology*, 17.
24. Walker, L. (1979). *The battered woman syndrome*. New York, NY: Harper & Row
25. Walker Leonard E (2009) *The Battered Women Syndrome*, 3rd edition Springer Publishing Company, New York

26. Wallach, H. S., Weingram, Z., & Avitan O. (2010). *Attitudes toward domestic violence: A cultural perspective. Journal of Interpersonal Violence*, 25, 1284-1297. doi:10.1177/0886260509340540
27. World Health Organization (2013c). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*.
28. Geneva, Switzerland: Department of Reproductive Health and Research, World Health Organization. (ISBN:978-92-4-156462-5. Accessed 24.06.13).
29. *Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots*. (2016). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2 Smith, S. G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief—Updated Release*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.